

NEW GAME INFORMATION CARD

Check one of the following
in each category

GAME _____

SERIAL NUMBER _____

DATE PURCHASED _____

DISTRIBUTOR _____

COMPANY NAME _____

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Pinball | <input type="checkbox"/> Dedicated |
| <input type="checkbox"/> Shuffle | <input type="checkbox"/> Kit |
| <input type="checkbox"/> Video | <input type="checkbox"/> Sit Down |
| <input type="checkbox"/> Novelty | <input type="checkbox"/> Other |

ADDRESS _____

Street City State Zip

Person Completing Card

PHONE NUMBER () _____ BEST TIME TO CALL _____

AM PM

Please specify the initial location of this game: _____

How would you rate the overall quality of your purchase? (on a scale of 1-5)

1. ☐ Very poor 2. ☐ Poor 3. ☐ Fair 4. ☐ Good 5. ☐ Excellent

Please indicate problem areas or improvement suggestions: _____

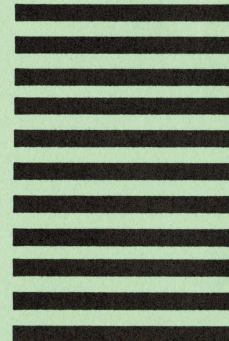
How would you rate your overall satisfaction with your purchase? (on a scale of 1-5)

1. ☐ Very poor 2. ☐ Poor 3. ☐ Fair 4. ☐ Good 5. ☐ Excellent

Please indicate why: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS

PERMIT NO. 36588

CHICAGO, IL

Postage will be paid by addressee

WMS Games Inc.
3401 N. California Ave.
Chicago, IL 60618

Attn: Quality Dept.